

## TRANSIENT ROOM LICENSING FEE

## **QUARTERLY RETURN**



## BOURBON COUNTY, KENTUCKY

BUSINESS:	MAILING ADDRESS:
OWNER:	
PHONE:	EMAIL:
WEBSITE/Social Media:	
LOCATION (if different than mailing address)	
Business License #	For marketing purposes:
TOTAL BEDROOMS AT BUSINESS:	<ul> <li>How many guests can be accommodated at your business at one time?</li> </ul>
NUMBER OF NIGHTS RENTED FOR QUARTER:	•
PERCENT OF OCCUPANCY:	REMEMBER:
AVERAGE ROOM/SUITE RATE:	• FILE RETURN EVEN IF NO TAX IS DUE
FOR THIS QUARTER:	RETURN IS DUE 30 DAYS FOLLOWING THE QUARTER FOR
1. GROSS ROOM RENTALS	WHICH REPORT IS MADE.
2. TAX-3% OF LINE 1	• Report changes of ownership or address <u>IMMEDIATELY.</u>
3. PENALTY-10%	Prepare return in triplicate and retain a copy.
4. INTEREST-1/2%-1%	<ul> <li>Mail or bring return with payment to the City of Paris Clerk's Office (see address below)</li> </ul>
5. TOTAL PAYMENT	This payment is for: (Circle appropriate quarter)
6. CHECK #DATE OF CHECK:	
month of delinquency, or fraction thereof, until paid	HAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING TE TO THE BEST OF MY KNOWLEDGE.
Signature of Individual Preparing Return C	Official Title– Owner, Partner, Manager, President Date